



The form which follows is a sample only. To obtain an official copy of this multipart form, please contact the Division of Soil and Water Conservation at:

203 Governor Street, Suite 206
Richmond, Virginia 23219
(804) 786-2064

000001

VIRGINIA AGRICULTURAL BMP COST-SHARE & TAX CREDIT REQUEST FORM

SWCD COPY

No further monies or other benefits may be paid out under this program unless this report is completed and filed as required by existing law and regulations (pl. 93-86) Penally for presenting fraudulent claim: Fine of not more than \$10,000 or imprisonment of not more than five years or both (18 USC 287).

(1) Name & Address		FSA Farm No.		FSA Tract No.		Field No.		Operator Status (O or T)		DCR Spec. No.		Extent Requested (No.)		Plan Written (Date)		Hydrologic		County Code		Program C-S, T.C or CREP			
Program Year		Phone#																					
S. S. # or Tax ID #		County																					
(2) APPLICANT-S REQUEST I request funding under the State Agricultural Cost-Share , Tax Credit and/or CREP for the listed practices. I agree to install and maintain these practices according to state specifications. I also agree to allow appropriate agency personnel access to land under my control for the purpose of evaluation, design, construction and inspection of said practices for its lifespan.																							
a. Have you applied for additional cost-sharing for the same practices on the same acreage from another source? <input type="checkbox"/> yes <input type="checkbox"/> no																							
b. Have you received or will you receive cost-sharing from another SWCD during the current program year? <input type="checkbox"/> yes <input type="checkbox"/> no																							
If yes, which one? Sign Here Date																							
(3)		Extent Technically Authorized K		Total Estimated Cost L		S&R Erosion Reduction (T/ac/year) M		Gross Erosion Reduction (Tons/yr) N		Distance to stream (feet) O		Relief to Stream (feet) P		USGS Topo. Map Name Q		WQI / / HEL R		VirGIS Coordinates		STATEMENT OF TECHNICAL NEED			
																		Row UTM S T		WP-4 INITIAL WASTE DATA			
1																		rGIS		I have reviewed this application and have indicated the extent authorized based on technical need.			
2																		type		Reviewed by			
3																		Waste Treated (Tons/yr.)		Date			
4																		# of Animals		Title			
5																		A. W. P. I.					
(4) AUTHORIZATION		(5)		C-E Factor U		Dollar Amount Approved by SWCD V		Tax Credit Amount Approved by SWCD W		Ins (No.) X		Acres Benefitted Y		Total Actual Cost Z		SWCD Cost Share Payment AA		Additional Cost-Share \$ AB		Source VDFI F FSA, VDF NRCS		Lifespan (Years) AD	
Your request form has been:		1																					
[] Approved to the extent shown in section 5		2																					
[] Not approved		3																					
Expiration Notice		4																					
This practice must be installed and certified at the issuing SWCD by the above date.		5																					
District Authorization by _____ Date _____ (SWCD Director)																							
[] Carryover granted to date _____																							
SWCD Director _____ Date _____																							
(6) PARTICIPANT PRACTICE INSTALLATION CERTIFICATION I certify that the information (column X) is true and correct. I have installed and agree to maintain this practice for the lifespan in accordance with state specifications. I agree to refund all or part of the cost-share assistance or tax credit if my practice is found not to meet state specifications or if the practice is removed or not properly maintained during the life of the practice. I understand that the sale, lease or changed use of the property will not exempt me from this requirement.																							
Sign Here Date																							
(7) TECHNICIAN PRACTICE INSTALLATION CERTIFICATION I certify that this practice has been installed according to state specifications.																							
Name Date																							
(8) District Payment Approval																							
Pmt. Amt Pmt Date Check #																							
1																							
2																							
Tax Credit Amount Granted																							